

CHAIN OF CUSTODY RECORD
Form 4100-145 7-87

Sample Collector(s)				Title/Work Station		Telephone No. (include area code)	
Property Owner				Property Address		Telephone No. (include area code)	

Split Samples: Offered? ☐ Yes ☐ No (Check One)
 Accepted? ☐ Yes ☐ No (Check One) Accepted By: _____

Signature _____

Field ID No.	Date	Time	Sample Type		Station Location Sample Description	Lab ID Number	No. of Containers	Comments
			Comp	Grab				

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Relinquished By (Signature)	Date/Time	Received by: (Signature)
Relinquished By (Signature)	Date/Time	Received by: (Signature)
Relinquished By (Signature)	Date/Time	Received for Laboratory By: (Signature)

Disposition of Unused Portion of Sample:

Dispose _____ Retain for _____ days

Return _____ Other _____